

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)*

SERIAL NO.

10/820,869

FILING DATE

APPLICANT(S)

4-9-04

CLAIMS

	ADDED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/	/				
2	/	/				
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TOTAL IND.	3	↓		↓		↓
TOTAL DER.	35	↓		↓		↓
TOTAL CLAIMS	38					

	1		2		3	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS